



**APPLICATION FOR REAL ESTATE LICENSE AS PARTNERSHIP OR D / B / A**  
State Form 934 (R7 / 2-97)  
Approved by State Board of Accounts, 1990

**INSTRUCTIONS:**    1. Mail fifty dollar (\$50.00) License Fee to: **Indiana Professional Licensing Agency**  
**302 W. Washington St., Rm. E034**  
**Indianapolis, IN 46204**

FOR OFFICE USE ONLY	
License number	Check digit
Date granted	County code number
Date license mailed	Control number

SOLE OWNER - NO FEE  
PARTNERSHIP - \$50.00

Personal and Company checks  
cause a 2 week processing delay.

COMPANY INFORMATION		
Name of company	Check one <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Owner DBA	County
Address (Number and street, or rural route, city, state, Zip code)		

LICENSE NUMBER	NAME(S) OF PARTNERS OR SOLE OWNER	CHECK ONE	RESIDENTIAL ADDRESS
		<input type="checkbox"/> Partner <input type="checkbox"/> Sole Owner	
		<input type="checkbox"/> Partner <input type="checkbox"/> Sole Owner	
		<input type="checkbox"/> Partner <input type="checkbox"/> Sole Owner	

LICENSE NUMBER	NAME OF PRINCIPAL BROKER	CHECK ONE	RESIDENTIAL ADDRESS
		<input type="checkbox"/> Partner <input type="checkbox"/> Sole Owner	

LICENSE NUMBER	NAME(S) OF SALESPERSONS AND BROKERS	CHECK ONLY ONE	RESIDENTIAL ADDRESS
		<input type="checkbox"/> Salesperson <input type="checkbox"/> Broker	
		<input type="checkbox"/> Salesperson <input type="checkbox"/> Broker	
		<input type="checkbox"/> Salesperson <input type="checkbox"/> Broker	
		<input type="checkbox"/> Salesperson <input type="checkbox"/> Broker	
		<input type="checkbox"/> Salesperson <input type="checkbox"/> Broker	

Signature of Partner or Sole Owner	Date	Telephone number (       )
------------------------------------	------	-------------------------------